#### **Application Data Sheet**

#### **Application Information**

CD\_ROM or CD-R?:: None

Title:: PROPHYLACTIC AND/OR THERAPEUTIC AGENTS

FOR CHRONIC MUSCULOSKELETAL PAIN

Attorney Docket Number:: 00005.001304

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 2

Small Entity?:: No

**Applicant Information** 

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Hiroshi

Family Name:: Kase

City of Residence:: Tokyo

Country of Residence:: Japan

Street of mailing address:: 3-35-18, Maehara-cho

City of mailing address:: Koganei-shi

State or Province of mailing address:: Tokyo

Country of mailing address:: Japan

Postal or Zip Code of mailing address:: 184-0013

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Isami

Family Name:: Takahashi

City of Residence:: Tokyo

Country of Residence:: Japan

Street of mailing address:: c/o Head Office, Kyowa Hakko Kogyo

6-1, Ohtemachi 1-chome

City of mailing address:: Chiyoda-ku

State or Province of mailing address:: Tokyo

Country of mailing address:: Japan

Postal or Zip Code of mailing address:: 100-8185

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Shunji

Family Name:: Kunori

City of Residence:: Sunto-gun

Country of Residence:: Japan

Street of mailing address:: c/o Pharm. Res. Ctr., Kyowa Hakko Kogyo

1188, Shimotogari, Nagaizumi-cho

City of mailing address:: Sunto-gun

State or Province of mailing address:: Shizuoka

Country of mailing address:: Japan

Postal or Zip Code of mailing address:: 411-8731

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Minoru

Family Name:: Kobayashi

City of Residence:: Sunto-gun

Country of Residence:: Japan

Street of mailing address:: c/o Pharm. Res. Ctr., Kyowa Hakko Kogyo

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City of mailing address:: Sunto-gun

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State or Province of mailing address:: Shizuoka

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Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Shizuo

Family Name:: Shiozaki

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Country of Residence:: Japan

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City of mailing address:: Sunto-gun

State or Province of mailing address:: Shizuoka

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Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Shiro

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# **Correspondence Information**

Correspondence Customer Number::

5514

## **Representative Information**

Representative Customer Number::   05514	Representative Customer Number::	05514
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## **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National stage of	PCT/JP05/006033	03/30/2005

## **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
Japan	2004-097422	03/30/2004	Yes

## **Assignee Information**

Assignee name::

Kyowa Hakko Kogyo Co., Ltd.

Street of mailing address::

6-1, Ohtemachi 1-chome

City of mailing Address::

Chiyoda-ku

State or Province of mailing address::

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Country of mailing address::

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